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ABSTRACT

This monograph provides an introduction to psychoeducational theory in the education of students with emotional and/or behavioral disorders (E/BD). An introduction reviews the history of the psychoeducational approach and stresses the need to put this theory, as well as others, into practice. Chapter 1 compares and integrates six psychoeducational perspectives: psychodynamic, behavioral, sociological, ecological, developmental, and cognitive-affective. Chapter 2 reviews several program models that implement psychoeducational theory, including developmental therapy teaching programs, the positive education program, life space crisis intervention, strength-based reclaiming strategies, and the clear thinking curriculum. The final chapter looks ahead to psychoeducation in the next century and urges the following fundamental standards for a new psychoeducation, including: expanded scope, unified theory, established missions, identified assets, audits of past experience, enhanced interventions, skilled adults, and examined outcomes. (Contains 63 references.) (DB)

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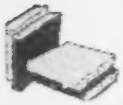

From the Third CCBD Mini-Library Series: What Works for Children and Youth with E/BD: Linking Yesterday and Today with Tomorrow

Psychoeducation: An Idea Whose Time Has Come

Mary M. Wood
Larry K. Brendtro
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Lyndal M. Bullock & Robert A. Gable, *Series Editors*

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From the Third CCBD Mini-Library Series: What Works for Children and Youth with E/BD: Linking Yesterday and Today with Tomorrow

Psychoeducation: An Idea Whose Time Has Come

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About the Council for Children with Behavioral Disorders

Council for Children with Behavioral Disorders

CCBD is an international and professional organization committed to promoting and facilitating the education and general welfare of children and youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for the professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

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Foreword

Public education is in transition. Pressure is mounting to establish and maintain safe and effective schools—schools that produce positive educational outcomes for all students. Recent federal legislation has prompted the redefinition of roles and responsibilities of many school personnel, especially those working with students who have disabilities or are at risk. In serving students labeled "seriously emotionally disturbed," "behaviorally disordered," or "emotionally/behaviorally disordered," we face new challenges to promoting positive approaches to discipline and instruction within and across educational settings.

In the midst of these uncertain times, we would do well to reflect on our history, revisit the theoretical underpinnings of our profession, and renew our commitment to finding ways to better serve students with emotional and behavioral disorders. That is the focus of the Third Mini-Library Series produced by the Council for Children with Behavioral Disorders (CCBD). Along with an exploration of historical and contemporary issues within our profession, this monograph series highlights the critical issues of safe schools, school-wide discipline, and positive behavioral supports. The following seven volumes that comprise the series are derived from the 1999 international conference sponsored by CCBD:

- *Developing Positive Behavioral Support for Students with Challenging Behaviors* by George Sugai and Timothy J. Lewis.
- *Educating Students with Emotional and Behavioral Disorders: Historical Perspective and Future Directions* by Richard J. Whelan and James M. Kauffman.

- *Historical Chronology of the Council for Children with Behavioral Disorders: 1964–1999* by Lyndal M. Bullock and Anthony L. "Tony" Menendez.
- *Perspective on Emotional/Behavioral Disorders: Assumptions and Their Implications for Education and Treatment* by C. Michael Nelson, Terrance M. Scott, and Lewis Polsgrove.
- *Psychoeducation: An Idea Whose Time Has Come* by Mary M. Wood, Larry K. Brendtro, Frank A. Fecser, and Polly Nichols.
- *A Revisitation of the Ecological Perspectives on Emotional/Behavioral Disorders: Underlying Assumptions and Implications for Education and Treatment* by Mary Lynn Cantrell, Robert P. Cantrell, Thomas G. Valore, James M. Jones, and Frank A. Fecser.
- *Safe Schools: School-Wide Discipline Practices* by Timothy J. Lewis and George Sugai.

As in previous monographs, we have drawn upon the expertise of CCBD members to assemble information that addresses the needs of professionals responsible for the education and treatment of students at risk and those who have emotional and behavioral disorders. We are grateful for their outstanding contributions to our field.

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Introduction

> Psychoeducation: A process of psychological assessment and the subsequent design of remedial programs. . . . Hundreds of different types of psychoeducational methods are currently in use, however, the choice of a particular psychoeducational method is often tied to the educator's assumptions or beliefs regarding the nature and etiology of a child's exceptionality. (*Encyclopedia of Special Education,* 1986, p. 1266)

When this encyclopedia entry was written a little over a decade ago, psychoeducation was a smorgasbord of hundreds of practices. The Educational Resources Information Center (ERIC) alone contains over 840 entries identified as psychoeducational. Current uses now extend to emotional literacy, grief therapy, knowledge mapping, mentoring, empowerment, peer counseling, sexual aggression, relaxation training, stress reduction, children's anxieties, attachment and separation, passive-aggressive behavior, and reading—to mention a few.

Today we find psychoeducation in almost all therapeutic residential schools and in community mental health day treatment groups, in therapeutic camping, in special education classes, in inclusive general education, and, to a lesser extent, in the juvenile justice system. In addition to its acceptance as a major conceptual model for special education, it is a significant approach in counseling and group work, mental health, school psychology, and family therapies. It has become a household word for families of troubled and troubling children, mental health counselors, school psychologists, teachers, pediatricians, psychiatrists, and clinical psychologists. Occupational, music, art, movement, and recreation therapists also have

embraced it. We can even obtain psychoeducational assessment and therapies on the Internet. Psychoeducation is an idea whose time has come.

What is behind this sweeping expansion of psychoeducational practices since it first appeared in the 1970s? Even a cursory review of writings over the past three decades reveals recognition of the need to design interventions that can simultaneously address an array of complex human dimensions. There is also near-universal acknowledgment that certain fundamental developmental needs are gained or lost through teaching/learning/experiencing paradigms.

The time has come for a synthesis of theories and practices that will provide a synergistic perspective to this broad and somewhat chaotic field known as psychoeducation. Random eclecticism is not the solution. Rather, we need to identify which specific dimensions of human behavior and thought are essential ingredients to a legitimate psychoeducational approach. That task will lead to a refinement in applications—strengthening the links between psychoeducational assessment, intervention practices, staff development, and outcome measures.

When the field has accomplished these tasks, psychoeducation will come of age with a unifying theory, a clear view of mission, and quality standards that advance the opportunities of troubled young children and youth for healthy psychosocial development. We offer this monograph as our contribution to the effort.

Roots of Psychoeducation

We begin our discussion by revisiting the term *psychoeducation*. The *psycho-* part of psychoeducation offers a broad range of psychological theories that anchor the approaches, issues, program missions, assessment, content, and practices. The *education* part of the term contributes the theories and pedagogy that define characteristics of teaching and learning in natural settings and child-rearing institutions. We now have an extensive body of knowledge to aid us in charting the psychoeducational course in the areas of human learn-

ing that are essential to healthy social, emotional, and behavioral development. It defines our own roles as agents for change, maps the assessment domains (skills to be acquired), defines content to be learned within these domains, and offers proven practices well grounded in empirical research.

In the life span of professional disciplines, the field of emotional and behavioral disorders (E/BD) is still a yearling. Before the 1970s, the simple construct was exclusion through hospitalization for the mentally ill. "Really bad kids" were the responsibility of the prison system, and the "not-so-bad kids" were simply dropouts. It was during the 1970s that psychological theory was applied to education in more systematic ways. With rapid changes toward community mental health and special education services, *psychoeducation* became the new term for indicating how services were to be accomplished. Out of that beginning grew a plethora of behaviors targeted for intervention. Research, numerous intervention strategies, and model programs followed in a patchwork quilt way. By the 1980s, there was an extensive array of applications; some well researched, many disparate, and others contradictory. Cullinan, Epstein, and Lloyd (1991) summarized the state of conceptual models as the 1990s began: "In theory and in practice, what is known about behavior disorders is far less than what is not known. To change this imbalance must be a major activity of our profession" (p. 155).

The profession responded to the challenge. Since then, there has been a growing recognition of the complexities involved in what we set out to accomplish—help for troubled and troubling children and youth and their families. After a generation of tug of wars among purist partisans advocating narrow theories of behavior, all roads in the field of E/BD began converging toward more eclectic approaches. These new perspectives are described as holistic, integrated, functional, comprehensive, multicultural, multimodal, and systemic. Gone are the "black box" behaviorists who thought discussions about cognition and emotions were unscientific. Gone are the catharsis-oriented psychodynamicists who believed that troubled people should rage or feel their way back to mental health. Instead, most practitioners and researchers now recognize that interven-

tions must respond to exceedingly complex and multifaceted dimensions of troubled children and youth.

Against this background of professional efforts on behalf of difficult children, the 1990s also witnessed some of the most rapid sociocultural changes in human history. In response, psychoeducation became the natural trend, with an exponential increase in theories and practices, which leaves us facing today the need to reconceptualize psychoeducation, establish quality standards, and define organizational approaches worthy of the complex human issues we purport to ameliorate.

As our profession matures, we are like the therapists in the classic study by Fiedler (1960): Only when he compared the novices could the distinctions between theories be clearly seen. The masters had advanced to a more integrated model, and all seemed more alike than different in their approaches. This same phenomenon is seen in the psychoeducational models of today—broad, expanding parameters are converging toward a synthesis of beliefs, focus, and applications.

The Problem: A Theory–Practice Gulf

While theories tend to be unipolar—explanations formulated around a single phenomenon in fairly circumscribed conditions—troubled children and youth today require a 180-degree switch. Their troubles are profoundly complex, their responses compound their difficulties, and venues for trouble are everywhere. When a single theory becomes the *major domo* for an intervention program or a set of strategies, the stage is set for limited effectiveness. A troubled young person falling within the scope of a particular theory must have a certain profile for that theory to be relevant and applicable. Even more, to be effective the theory must have practical, individualized translations into everyday circumstances. With single-theory approaches, the probability of both a compatible match and truly relevant applications is small. Yet without this match of theory and practice to a youngster's complex needs, the so-

called therapeutic intervention fails, becoming another dimension of the problem, and blame for failure invariably falls on the child.

Why do we choose particular strategies to guide our intervention theory and practice? As our colleague Martin Brokenleg has observed, our personal theories of child development and behavior management are strongly influenced by our "cultural tails," which drag behind us from generations past, perhaps qualified by our more recent "family tales." Since most singular theories are too narrow to fit the front-line facts presented by a group of disturbing students, teachers under pressure usually switch to doing what comes naturally. Frequently, we hear teachers say defensively, "This is my style!" Like the single-theory approach, this personalized, "try anything that might work" approach often leads to chaos and failure. Such intuitive strategies, called "green thumb eclecticism," lack a guiding theory and result in the use of various methods with no apparent rationale. This approach also makes us vulnerable to becoming part of the problem. Shifting down from our higher neocortex into our subcorticle brains, a more feeling-driven regulator of our behavior takes over. When this happens we can find ourselves resorting to brain stem management, "doing what we've been done to." When the lights on the PET scan of our frontal lobe go out, the grandest theoretical models are cast aside. In a process of reverse behavior modification, mad, sad, and bad kids create adults who display these same traits.

When a youngster or adult fails, in spite of clearly negative consequences, one can usually assume that some thinking error is driving faulty coping strategies. The classic thinking error among antisocial children is "You can't tell me what to do." The classic thinking error among adults who work with these children is "You will do what I say!" No wonder the dropout rate of both troubled children and their teachers is so high. This sort of impasse occurs all too frequently between adults and troubled children. What does this disconnection have to do with the theory–practice gap? We would argue, *everything!*

When a child is communicating from a single-option behavior pattern and the adult is similarly responding from a one-choice mode,

each has failed to draw from a vastly broader base of options. How do we know that there are multiple options for any situation? We are the recipients of an enormous body of knowledge about human behavior, thinking, feeling, relating, communicating, and caring. Decades of observations and theories are available to explain the vast complexities of human nature and how each of us lives our human experience uniquely. The more theories we understand and apply, the broader our understanding of our tasks with each student. But there are four caveats in riding theories to success: We must (1) make cross-theory connections and translations from multiple theories into multiple practices; (2) construct coherent, complementary applications where the sum is greater than the parts; (3) know how to proceed in using this broad array of coordinated practices in a precise match with the uniqueness of an individual youngster; and (4) examine the results with careful, evaluative scrutiny.

1

Contemporary Psychoeducation: Multiple Theories into Coherent Practices

We must transcend the potential pitfalls of general eclecticism very carefully. The rise of psychoeducation offers an avenue for integrating the needs of highly complex, troubled human beings with the missions and practices of intervention programs. As major theoretical branches of our profession mature, psychoeducation is becoming the synthesizer, weaving together a seamless web of constructs and applications, each grounded in well-established theory and practice (see Figure 1). The potency of this new eclecticism of psychoeducation is at its best when proven practices, theoretically derived, are used in combinations. It focuses us simultaneously on practices that respond to the unique needs of an individual and the universal developmental needs of all youngsters, unifying culture, development, past experience, and present reality. The following are illustrations of the ways these theories are beginning to merge:

- *Psychodynamic psychoeducation* grew from a tradition of individual psychology that placed major emphasis on emotions and resolution of inner conflicts. Redl and Wineman (1951, 1952, 1957) left a legacy of powerful tools for working with aggressive

Figure 1.1 Psychoeducation: Multiple Theories into Coherent Contemporary Practices

Essential Human Processes ↓	*Original Global Theories* →	*Focused Theories* →
BEHAVE	Learning Theory	• Behavioral Theory • Neuropsychology
FEEL	Individual/Ego Psychology	• Personality Theory • Psychodynamic Theory • Emotional Intelligence
THINK	Developmental Psychology	• Cognitive Theory
VALUE	Motivational Psychology	• Moral Development • Empathy • Altruism
RELATE	Social & Psychosocial Psychology	• Gestalt Theory • Ecological Theory • Social Knowledge • Interpersonal Understanding
COMMUNICATE	Linguistics	• Psycholinguistic Theory

Resulting Interventions →	*Examples of Psychoeducational Synthesis ↓*
• Behavior Modification • Applied Behavior Analysis • Replacement Training • Reinforcement Principles • Sensory Integration	*Ed-Education* (Re-ED) Models *Developmental Therapy-Teaching* Model *Positive Peer Culture* *Life-Space Crisis Intervention* *EQUIP* Program *PREPARE* Curriculum *Clear Thinking* Curriculum *Circle of Courage* *The Developmental Audit*
• Play Therapy • Psychotherapy • Bibliotherapy • Movement, Art, Music Therapies	
• Rational-Emotive Theory • Cognitive Restructuring • Academic Therapy • Reality Therapy	
• Faith-Based Therapies • Values Clarification	
• Social Learning Curriculum • Transactional Therapy	
• Social Communication Therapy	

children that continues today. Modern practitioners of this approach, such as Morse (1998), Long (Long & Morse, 1996), and Wood (Wood, 1996; Wood & Long, 1991), extended this approach by employing cognitive, behavioral, ecological, and sociological concepts as well as psychodynamic and developmental principles. The original focus on isolated therapy gave way to a focus on problems in dynamic context and solutions in both individual and group situations. From this tradition, Life Space Crisis Intervention (LSCI) has become the quintessential tool for psychoeducational practitioners (Long, Fecser, & Brendtro, 1998).

- *Behavioral psychoeducation* was founded on the substantial research foundation in learning theory. Using principles of reinforcement to modify observable behavior of troubled individuals—children and adults—behaviorists employed instrumental strategies to document what could be observed and measured. This focus gave the field a much-needed standard for research and evaluation of intervention effectiveness (Quay, 1973). Most behaviorists, such as those who transformed Achievement Place into the Boys Town model (Phillips, Phillips, Fixsen, & Wolf, 1972), now recognize the importance of individual and group relationships and the interplay among cognition, affect, and action (Tilly et al., 1999). Youth in such programs earn the right to participate in the development of rules by which the group lives. Programs such as Goldstein's (1988) PREPARE curriculum and aggression replacement training (Goldstein, Glick, Reiner, Zimmerman, & Coultry, 1987) utilize replacement constructs and identification of satisfying reinforcers in addition to social skills teaching and self-management strategies for anger reduction.

- *Sociological psychoeducation* employs the peer group as a primary agent to change the behavior, thinking, social knowledge, and values of troubled youth. With foundations in social psychology and its concepts of social power and roles of group members, these psychoeducational programs use peer relationships and shared concerns as the main reinforcements for generalizing positive behavior (Cantrell & Cantrell, 1985). Approaches such as *Positive Peer Culture* (Vorrath & Brendtro, 1985) gradu-

ally merged with other traditions such as cognitive psychology, family systems, and resilience psychology to demonstrate effectiveness with delinquents. Today, leading peer group programs such as the EQUIP program (Gibbs, Potter, & Goldstein, 1995) and Starr Commonwealth (Brendtro & Ness, 1983) integrate cognitive and developmental perspectives with ecological priorities to provide therapeutic environments and build positive relationships among adults, students, and their peers. Starr Commonwealth is also a leader in examining the racist components of traditional control strategies used by some insensitive professionals against children of color (Rutstein, 1997).

- *Ecological psychoeducation,* from its inception in the re-education model, combines mental health, education, and human service systems to emphasize the therapeutic milieu. Hobbs and Rhodes, cofounders of Re-ED (re-education of emotionally disturbed children and youth), integrated multiple theories in the list of Re-ED principles that define this approach (Hobbs, 1994; Rhodes, 1992). Many psychoeducation programs, such as the Positive Education Programs in Cleveland, Ohio, currently anchor their operation in the Re-ED philosophy. The principles of re-education serve as definitive guidelines in responding to the complex social systems and personal factors that interact in the lives of troubled and troubling children and youth (Cantrell, Cantrell, Valore, Jones, & Fecser, 1999).

- *Developmental psychoeducation* emerged from theories of personality development and developmental psychology, utilizing the large body of research evidence and theory regarding how human characteristics develop in healthy ways. The developmental perspective reflects agreement among developmental psychologists that behavior, feelings, cognition, motivation, attitudes, and values emerge in predictable, sequential phases and are directly influenced by experiences with people—the social environment. Piaget (1977) described development as "the creative transformation of experience rather than a direct copy of reality." His paradigm for the sequential nature of cognitive development clearly links cognition, social knowledge, and behavior with experience. Erikson (1977) contributed a psy-

chosocial, life-stages dimension to our contemporary view of development, calling it "the interplay between self and society . . . a lifelong process" (p. 139). His monumental theory provided the foundation for our understanding of how to foster identity and self-esteem and how these forces change during the life span. The origins of attachment, separation, and relationships were traced by developmental psychologists such as Mahler (1968/1987), Bowlby (1988), and Anna Freud (1973) and provided significant changes in our practices with very young children. Research and theory about moral development, justice, and values shaped our practices in teaching self-regulation for responsible behavior and values clarification (Kohlberg 1984). Research by Selman (1980) into the developmental acquisition of social knowledge and interpersonal understanding led to practical applications for practitioners (Lickona, 1991). Gilligan (1977) and Brown and Gilligan (1992) made major contributions to our understanding of how girls and women develop, directly influencing intervention practices for girls in E/BD programs. These developmental strands were translated into psychoeducational programming with the Developmental Therapy-Teaching model (Wood, 1986, 1996).

- *Cognitive-affective psychoeducation* focuses attention on basic thinking and emotional self-regulation skills that help children and adolescents make sense of their experiences. Building on the substantial research foundation in cognitive psychology and new findings about connections between brain activity, emotions, and behavior, these approaches demonstrate the importance of teaching thinking skills as mediators between emotions and actions. Irrational beliefs (Ellis, 1962) or cognitive distortions (Beck, 1967) that have taken root in young people's perceptions of the world are directly confronted. Fundamental cognitive problem-solving skills (Spivak & Shure, 1982) that have not developed spontaneously are directly taught. Emotional self-regulation (Kovalik, 1994) and stress-management techniques (Meichenbaum, 1977) that help young people understand their brains and manage overwhelming feelings are learned and practiced. These cognitive and affective exercises

are not discontinuous with goals for behavioral change; rather, they lead to self-management of behavior grounded in personal understanding and decision making rather than being structured solely on external controls and powerful others (Nichols, 1992).

2

Program Models That Reflect the Trends

We believe it is realistic to aspire to a practical, real-world implementation of psychoeducation that blends multiple theories with mission and proven practice. Indeed, we have seen it demonstrated in any number of effective programs. In this section, we review several that have been successful in this effort and are contributing to future psychoeducation.

Developmental Therapy-Teaching Programs

This curriculum model, with headquarters at the University of Georgia, in Athens, provides a framework for guiding the social-emotional development and responsible behavior of troubled children and teens (Wood, 1996). The model matches a child's current social, emotional, and behavioral status with specific goals, objectives, behavior management strategies, curriculum materials, activities, and evaluation procedures. It also describes specific characteristics and the roles and behaviors of adults to facilitate a child's psychosocial growth. The curriculum sequentially spans social, emotional, and behavioral development for children and youth from birth to age 16 years. Program goals reflect the changing nature of social-emotional growth at each age and stage of development.

There are four interrelated content areas in Developmental Therapy-Teaching programs—Behavior, Communication, Socialization, and (Pre)Academics/Cognition—that systematically address a youngster's *doing, saying, caring,* and *thinking,* respectively. Within each of these four areas, specific teaching objectives follow healthy emotional sequences in the development of social-emotional competence and responsible behavior. These sequences cluster into distinct stages of psychosocial development that define both long- and short-term individualized education program (IEP) goals for each individual:

- Stage One: Responding to the environment with pleasure (should be mastered by age 2).
- Stage Two: Responding to the environment with success (should be mastered by age 6).
- Stage Three: Learning skills for successful group participation (should be mastered by age 9).
- Stage Four: Investing in group processes (should be mastered by age 12).
- Stage Five: Applying individual and group skills in new situations (should be mastered by age 16).

To achieve these sequential goals, individual benchmark objectives are selected and specific activities, environments, experiences, and management strategies are designed to meet these objectives. The curriculum also describes adult characteristics and role models needed by children and youth at each of these stages to facilitate their social-emotional development.

Because the psychoeducational model has emerged from a blending of psychodynamic, developmental, and learning theories, it addresses the observable behaviors that must be dealt with on a moment-by-moment basis and also provides a framework for understanding the typical anxieties that all children experience at each stage of development. Everyone passes through these phases, from birth on. For some, it is a healthy progression through each developmental crisis to resolution and increased maturation. But unresolved, these

developmental anxieties become compounded and imbedded in the next developmental crisis. What would have been a phase to resolve and pass through becomes a major player in day-to-day behavior. It shapes motivation, behavioral defenses, attitudes, values, and views of self and others.

When we observe a problem behavior, we are seeing the imprints from these developmental anxieties—a child's own particular history shaping the present. From a developmental perspective, an effective intervention must simultaneously foster continuation of natural sequences of psychosocial development that are age and peer related while skillfully teaching the missing benchmark skills and ameliorating developmental anxieties. It is a systematic, sequential approach to psychoeducational intervention, step by step, toward a goal of age-appropriate social-emotional competence and responsible, value-based behavior.

Three measurement instruments provide practical evaluation components for this psychoeducational model. The Developmental Teaching Objectives Rating Form-Revised, Fourth Edition (DTORF-R; Developmental Therapy Institute, 1992), is used to assess a child's current social-emotional-behavioral status. It identifies individual program objectives for social-emotional competence in an IEP, individualized family service plan (IFSP), or individual transition plan (ITP). It is also used to prepare a functional behavioral assessment (FBA) and generate positive behavior management plans. When used as a repeated measure, the DTORF-R provides reliable and valid evidence of child progress that is amenable to statistical analysis. Accompanying software records DTORF-R data and generates child progress reports.

The Developmental Therapy Rating Inventory of Teacher Skills (DT/RITS) (Robinson, Wood, & Combs, 1982; Wood, 1996) was designed as an in-class observational instrument to assess the performance of adults in implementing the specified practices. It contains three sections, covering activities/experiences, materials, and teaching strategies/interventions. Field-validated performance criteria provide proficiency levels for *passing, effective,* and *demonstration quality.* Used in combination with the Administrative

Support Checklist and the DTORF-R, these instruments enable a psychoeducational program to monitor program quality. Such evaluation strategies keep program staff and families of children with E/BD focused on the mission—mastery of significant benchmarks of emotional and behavioral health that are appropriate to the age, experiences, and culture of the youngster.

Positive Education Program (PEP)

Located in Cleveland, Ohio, this unique program is a certified mental health agency operating under the auspices of the county school board. A hybrid special education/mental health organization, PEP serves children and youth with E/BD, birth through 22 years of age, in seven service areas. Through the cooperation of the Ohio Department of Mental Health, the Cuyahoga County Mental Health Board, and the Educational Service Center of Cuyahoga County, PEP has blended dollars from both systems as well as Community Medicaid funds to support a spectrum of services to children and youth that are essentially seamless.

Grounded in the Re-ED philosophy, PEP serves over 2,000 children and youth in the most normalized, least restrictive settings possible. These programs demonstrate the relevance of psychoeducation for many different service settings: the Early Intervention Centers for young children to age 5 and their families, the Center for Special Needs for children with autism-spectrum disabilities, the Day Treatment programs with partial hospitalization components, two residential group homes for teens, camping programs, a diagnostic assessment service to support foster placements, a transition program from school to work, and case manager services for youngsters involved with two or more agencies. PEP day treatment centers are housed in leased public school buildings where the interdisciplinary staff work as teams. Centers approximate regular school settings in which the student experiences a school day, as opposed to the traditional model in which students are in educational settings for part of the day and mental health settings for another part. Visitors to

the centers are not able to distinguish between education staff and mental health staff.

Hobbs (1994) articulated the core structure of PEP's philosophy-based program. There are three primary guidelines: First, families can be helped to help their children and themselves. Second, children can learn and grow from time spent with decent and trustworthy teacher-counselors. Third, today's experiences can be used to boost the growth potential nature provided. These beliefs, expressed in the Re-ED principles, create a commitment to be child and family focused. They serve as guides to help staff become instruments of growth for children and families. The principles are summarized and grouped here under three major statements that provide the backbone of the philosophy.

- *We are emotional beings who need each other . . .*

  TRUST is essential.
  FEELINGS should be nurtured.
  GROUPS are a major source of instruction.
  COMMUNITIES' benefits must be experienced.

- *Growth can be enhanced . . .*

  INTELLIGENCE can be taught.
  COMPETENCE, especially in school work, makes a difference.
  SELF-CONTROL can be learned.
  PHYSICAL experiences help children define themselves.

- *Today can be used to build health . . .*

  TODAY'S experiences are opportunities to build tomorrow's choices.
  TIME is an ally; the force of nature is toward growth and healing.
  CEREMONY and ritual anchor stability.
  JOY should be an expectation for each day.

These firm convictions are alive each day in every service area of the agency. They shape daily living and ecological planning and form the foundation of experiences for children and families served

by PEP. In effectively bridging community mental health day treatment services and special education, PEP provides the field with proven practices that can be utilized in the growing trend to bridge three monolithic child-serving fields: Medicaid, community mental health systems of care, and special education.

Life Space Crisis Intervention Institute

This program, with foundations in the seminal work of Redl and Wineman (1957) with highly aggressive and delinquent youth, focuses on training professionals to use Life Space Crisis Intervention (LSCI)—a proven psychoeducational practice for crisis intervention (Long & Fecser, 1996; Wood & Long, 1991). A unique aspect of LSCI training is the focus on the role of the adult in student crises. It has been said that if the only tool you have is a hammer, everything looks like a nail. Troubled and troubling children and youth—many of whom have experienced tremendous emotional hardships—develop a rigid set of survival strategies in their interactions with adults. When a child lives in an abusive situation, denial and escape are reasonable responses. When basic needs are not met, stealing and hoarding become central to survival. These children have learned from their experience that adults are not to be trusted. Consequently, they cannot discriminate between the very few adults who may victimize them, the vast majority of adults who are totally disinterested, and the minority of adults, found in the school or other helping settings, who are actually interested in their well-being. They treat all adults as would-be victimizers, thereby alienating potential sources of aid and relief. If unaware of this dynamic, adults may accidentally reinforce students' self-fulfilling prophecies by responding to the surface behavior alone.

The conflict cycle, described by Long (Long & Morse, 1996), highlights the complex interaction between students in stress and adults. Students in crisis can recreate their feelings in adults, and adults lacking insight may then respond with like behavior. Instead of reacting to student outbursts as disaster, the LSCI approach cap-

italizes on problems as opportunities, in contrast to basic safety-oriented or crisis deescalation approaches. In fact, LSCI uses the opportunity of conflict as the so-called teachable moment for staff to aid children and youth in discovering something (an insight) about their repetitive patterns of perceiving, thinking, feeling, and ultimately behaving that lead to predictably unsatisfactory outcomes. Six patterns of self-defeating behavior have been identified: displacement of problems, errors in perception, delinquent pride, impulsiveness and guilt, limited social skills, and vulnerability to peer influence (Long, Fecser, & Brendtro, 1998). The pattern is diagnosed as problems emerge, and a specific reclaiming intervention is engaged to bring the student to a new level of awareness. Reclaiming interventions follow a sequence of six steps (Wood & Long, 1991):

1. *Deescalate the crisis.* Bring the student from an excited emotional state to a level at which he or she can engage in dialogue.
2. *Develop a timeline.* Elicit from the student his or her "story" of what happened from the student's unique perspective with accompanying thoughts, feelings, reactions, and responses from others.
3. *Identify the central issue.* Diagnose the rigid pattern of self-defeating behavior evident in this situational crisis.
4. *Teach insight.* Use one of the six Reclaiming Interventions to help the student reframe events to form a new perspective that illuminates his or her self-defeating pattern or behavior.
5. *Teach new skills.* Use the student's new awareness of his or her role in contributing to the problem by teaching and rehearsing new skills.
6. *Transfer training.* Prepare the student to reenter the ongoing activity and prepare staff to reinforce fledgling attempts at developing new, productive responses to stress.

We include this approach because of its broad applicability and extensive use in almost all psychoeducational programs today. LSCI can exploit crisis to actually enhance rather than diminish rela-

tionships between adults and students. It is systematic, highly organized, grounded in theory, and focused on universal therapeutic values of relationship and reclamation.

Strength-Based Reclaiming Strategies

Brendtro, Brokenleg, and Van Bockern (1990) describe a wholistic psychoeducational model in their book *Reclaiming Youth at Risk.* This model shifts the focus from deviance and deficit approaches to strength-based reclaiming strategies. The foundation of this model is the Circle of Courage®, which emphasizes building strengths in youth. More recently, a new assessment strategy called the Developmental Audit® is being developed that integrates the Circle of Courage with other psychoeducational constructs.[1] Both of these strategies are disseminated by the publications and training seminars of the nonprofit organization Reclaiming Youth International. Each is discussed briefly below.

The Circle of Courage

The Circle of Courage synthesizes anthropological perspectives on child rearing, research on positive youth development, and practical wisdom of youth work pioneers. In various cultures, beliefs about child rearing are often at odds with the science of positive youth development. For example, concepts of discipline based on teaching obedience through harsh punishment are antagonistic to optimal development. In contrast, the traditional values of many Native American tribal cultures are more consistent with the developmental needs of youth. This model posits four elements as essential for positive youth development: *belonging, mastery, independence,* and *generosity.* While other underlying physical and safety needs exist,

[1]The Circle of Courage and the Developmental Audit are registered trademarks of Reclaiming Youth International, a nonprofit organization dedicated to promoting policies and programs for reclaiming children and youth who are in conflict.

from the perspective of psychosocial maturation these are the four anchor points of positive youth development.

A mass of developmental research suggests that all children benefit from being reared in environments of belonging, mastery, independence, and generosity. When these factors are lacking, positive development is disrupted. Moreover, emerging research on resilience shows that these developmental assets serve as protective factors that foster successful life outcomes, even in the presence of other risks or life stressors.

- *Belonging (Attachment).* A sense of belonging based on secure bonds with other human beings is essential to personal growth. However, instead of belonging, many youth are guarded, distrustful, hostile, or withdrawn or seek attention through compensatory attachments such as gangs or cults or through promiscuity. Therefore, successful psychoeducational programs foster close personal bonds with staff and peers and with families and other significant persons in the community ecology.
- *Mastery (Achievement).* Without a sense of mastery and competence, young persons retreat from challenges and fail to develop academic, social, and emotional competence. In place of mastery, many troubled youth encounter perpetual failure leading to frustration, lack of motivation, and a sense of futility. Thus, successful programs strive to help failure-prone youth develop their potentials.
- *Independence (Autonomy).* To become independent and responsible, a child must learn to take charge of his or her life and behavior. But many youth feel like helpless pawns and lack an internal locus of control. They are easily misled, or they seek power by misleading or bullying peers or defying adult authority. External discipline may compel obedience, but this is the opposite of autonomy.
- *Generosity (Altruism).* Lacking a spirit of generosity, youth are inconsiderate of others, self-indulgent, and devoid of a real purpose to living. Programs driven by extrinsic motivation perpetuate the "what can I get out of this" mentality that is at the core

of hedonistic lifestyles. Developing altruism is the most neglected element in traditional treatment programs for troubled children, but it is an essential foundation for building conscience and prosocial values.

The Developmental Audit

Currently being field tested by Reclaiming Youth International, the Developmental Audit is a new psychoeducational strategy for treatment planning with youth whose behaviors are so troublesome that they are likely to lead to life-altering interventions. It is a comprehensive inquiry into the various environmental forces, personal characteristics, and individual decisions that propel a young person into patterns of self-defeating and antisocial behavior. Developed through a grant with the W. K. Kellogg Foundation (Van Bockern & Brendtro, 1999), extensive work with high-profile cases of troubled youth led to the creation of this new method for understanding why youth are locked in trajectories of self-defeating behavior.

The Developmental Audit targets highly challenging students whose chronic or precipitous problems place them at risk for removal from school and assignment to restrictive settings. *Chronic problems* often intensify in seriousness as youths do not seem to benefit from interventions or learn from negative consequences. Their behavior may persist over the developmental span as they exhaust a string of programs and placements. A huge case file may document costly interventions by multiple professionals and systems. *Precipitous problems* are destructive acts that may be escalations on a trajectory of troubled behavior or may erupt with little warning or clear explanation. Such behavior may be so serious that it crosses the boundary of what can be tolerated in a given setting, and in many cases it leads to involvement of the juvenile or criminal justice system.

The Developmental Audit uses ecological and developmental principles that have been validated in psychoeducational research and best-practices literature. Based on these constructs, a team of professionals assesses the child across the following three dimensions:

1. *Processes*—attachment, achievement, autonomy, and altruism assessed in
2. *Contexts*—home, school, peers, and community tracked across
3. *Stages* of life span development.

The Audit uses four primary data sources: (1) multiple LSCI interviews with the child about major events in the course of life; (2) interviews with significant adults who have known the child at different developmental periods; (3) available case file reports, which include other traditional sources of case data; and (4) synergistic data, which result from triangulation and cross-checking of the multiple perspectives. Many of the specific assessment instruments are already in existence and have been validated. One such tool is the Search Institute model of developmental assets, which identifies inner strengths and external supports needed for healthy development (Leffert, Benson, & Roehlkepartain, 1997). Because this assessment system uses Life Space Crisis Intervention methodology as a primary source of data gathering, Developmental Audit teams are headed by professionals certified by the Life Space Crisis Intervention Institute and endorsed in the advanced methods of the Developmental Audit by Reclaiming Youth International.

The procedure is a transcultural, strength-based approach to producing a comprehensive protocol detailing the forces in the life of an individual that have likely contributed to the development of serious antisocial behavior. Designed for enhancing mutual understanding, it is used collaboratively by professionals, policy leaders, and the public concerned with delinquency and its prevention. The Audit goal is to better understand the personal and environmental variables that bring a particular young person to crisis, in order to answer the question "What went wrong with this particular youth in this particular community?" The audit identifies critical life events, personal traits, values, and private logic. The focus is on careful examination of the time lines for significant conflicts and crises. The final report examines the course of a youth's development across time, family, school, and peer ecosystems in order to

identify patterns of private logic and coping strategies that lead to patterns of resilient and self-defeating behavior. With this information, youth and family advocates have guidelines for targeting appropriate services, and communities are able to develop effective reclaiming systems.

This approach has operationalized and integrated major psychoeducational constructs. It draws from the ecological tradition recognizing that family, school, peers, and communities are pivotal in fostering healthy behavior or negative outcomes. Following developmental theory, the Audit tracks a youth across significant stages of the life span, rather than limiting assessment to a cross-sectional assessment at a particular time. Drawing from cognitive and behavioral theories, the Audit maintains a reality base and establishes time lines for antecedent events, interpersonal transactions, thinking skills, emotions, and behaviors in a particular delinquent act. From social learning theory, it utilizes the power of peers, groups, and experiences in shaping behavior. It also recognizes the power of emotionally based, culturally based, and faith-based experiences in molding personal identity and trust in others as children develop.

The Clear Thinking Curriculum

Cognitive restructuring, direct instruction to correct self-defeating thoughts and beliefs, has been used in classrooms since the early 1970s, when Ellis founded a school as part of his Institute for Rational-Emotive Therapy (RET) in New York (Knaus, 1974). In the 1980s, Anderson (1981, 1987) published programs based on RET that were designed for use with elementary and secondary public school children. In his teacher-training texts, Zionts (1985, 1995) described the use of RET with students identified as having E/BD, and in 1989 Vernon published the first of a series of RET activity books for students from primary grades through high school. Maultsby's (1984) rational behavior therapy (RBT), an offshoot of RET, has been widely used by school psychologists and counselors.

The thesis of all these programs is that irrational beliefs cause distressed feelings, which, in turn, lead to nonproductive or harmful behaviors—"What I think determines how I feel, which determines what I do." Their goal is to teach students to refute these self-defeating beliefs so their emotional distress will be relieved and they will make better choices about how to behave. In 1996, Nichols first published the Clear Thinking curriculum in essentially the same tradition, but with an important difference. Recognizing that young people are not yet proficient thinkers about thought (Piaget, 1967) and that it is the power of their emotions rather than of their thoughts that is most salient to them, Clear Thinking emphasizes the self-regulation of affect (feeling or emotion) as strongly as the self-regulation of cognition (that which is known through perception, reasoning, or intuition) (Nichols, 1999; Nichols & Shaw, 1999).

Negative feeling habits are as destructive—and as amenable to direct restructuring—as irrational thinking habits. Clear Thinking incorporates strategies from stress inoculation (Meichenbaum, 1977), anger control (Feindler & Ecton, 1986), and management of anxiety and depression (Beck, 1976). Staff turn to the wealth of materials available in this decade of the brain and teach students to become their own personal scientists. Students are encouraged to understand the executive function of their brains, to recognize the power of their wired-in survival emotions, and to use the still greater power of their human thought to turn down their levels of emotional intensity. Teachers use videotapes of neural networks growing as learning occurs to convince students that they are growing their own brains continually. Youngsters who take psychoactive medications learn what the drugs do in their brains and bodies and become participants in their own care through self-monitoring and self-advocacy with their partners in science, their physicians. This also provides an oblique but meaningful approach to teaching the dangers of street drugs and alcohol, different from but adding to other drug prevention efforts.

Finally, an age-appropriate bottom line is that no matter what we think or how we feel, it is what we do that counts. The Clear

Thinking program stresses to youngsters that they and only they are in charge of what they do. Adults can arrange consequences but cannot force others to act in ways they do not choose to act. That said, repeatedly, the staff turns to the direct instruction of problem-solving and decision-making skills to help students make good choices. The interpersonal cognitive problem-solving skills (ICPS) identified by Spivak, Platt, and Shure (1976) are the foundation for these learning activities. We can never assume that students have acquired these skills naturally, so we teach them directly. The thinking skills that have been shown to have strongest bearing on adjustment in childhood are (a) accurately predicting consequences; (b) recognizing that there are series of means to an end, many steps to be taken to reach a goal; (c) alternative thinking or considering many possible ways to solve a problem; and (d) (of increasing importance in adolescence and adulthood) perspective taking, the ability to view a problem from the points of view of others (Spivak & Shure, 1982).

The common element in this array of interventions and therapeutic perspectives that comprise Clear Thinking is the developmental appropriateness for young people with relatively poor language and abstract reasoning skills. Cognitive interventions such as Ellis's RET and Beck's cognitive therapy were developed primarily for adults who recognize that they are in emotional trouble and seek psychological help. Such personal motivation to change is not typical of children and adolescents. Programs are likely to be more effective with young people in the natural environment of school and within a small group of their peers. Clear Thinking was first developed for upper elementary through middle school students, and although the content was expanded to accommodate secondary students as well, the worktext materials remain at a sixth-grade reading level.

Over the 10-year development of this program in the University of Iowa's children's and adolescents' psychiatric school, terminology that proved difficult for preteens, teens, and young adults to grasp was dropped, changed, or turned into pictures. Fifteen cognitive distortions that particularly beleaguer children and youth are person-

ified as the Whispering Shadows, characters such as the Mad Man, Envy Eyes, and the WhooMee Kids. The thinking errors they represent are countered by Clear Thinkers, who demand evidence that what they believe is true, and by Star Thinkers, who plan steps to reach their goals. Clear Thinking is taught as much through visual images as through words; drawings on every page carry the meaning. In this day of television, brand names, and logos, images often have a more powerful impact than sentences (Schlain, 1998).

Like the other programs we have described, the Clear Thinking curriculum represents a synthesis of theories and interventions that are developmentally suitable for particular ages and individuals and that directly affect psychological processes. The curriculum literally gives young people skills to change their minds, to feel better, and to do and be well.

3

The New Psychoeducation: Y2K and Beyond

The psychoeducational blueprint for teaching and learning in the next millennium requires a continuing shift from simplistic to complex models. Achieving behavioral compliance and maintaining marginal academic conformity will no longer be sufficient. In an era of global connection, restrictive stereotypes and provincial traditions are dissolving into a world view of optimal human development. Standards are also changing for personal satisfaction, intelligence, performance, roles in groups, and personal competence.

As Goleman (1999) has cautioned, to navigate these currents of change without foundering, we need to be "bold but grounded" (p. 45). These trends are not passing fads. They represent substantial shifts in the paradigm. Goleman has offered a useful parallel with rapidly changing standards in the business world. Speaking of "soft skills" for teaching and learning in the work place, he argues convincingly for the need of all individuals to have a sense of purpose provided by well-defined values—"an inner rudder" that offers emotional awareness, accurate self-assessment, self-confidence, self-control, choices based on values, sense of purpose, creative insight, trustworthiness, conscientiousness, and adaptability. These are adult survival skills for the year 2000 and beyond. Surely, these same values-based characteristics for personal success offer us

guideposts for programmatic changes in the way we factor the rapidly changing world into our psychoeducational programs for troubled children and youth.

How do we define this new psychoeducation? The logic lies in utilizing what is offered from both psychology and education—just as the term suggests. To use a business metaphor, we should be guided into a series of thoughtful, empirically validated acquisitions and mergers. With dynamic changes worldwide, we are challenged by the complexities of reclaiming youngsters. We must relegitimize clinical inference, past experience, parent and teacher judgment, and the meanings in behavioral observations. The new psychoeducation must be built on proven educational and psychological strategies to meet the complex needs of troubled youth. These waves of change are filtering down to the ways we judge children's actions, new rules of conduct, and a new understanding of how children change, how that change lasts, and how they measure up to new yardsticks of personal attributes.

The complexity of troubled young people demands an equally sophisticated multidimensional approach with shared values of character that transcend races and cultures. Following are several fundamental standards for this new psychoeducation:

- *Expanded scope.* Include, at minimum, six major human activities, such as *behaving, feeling, thinking, valuing, relating,* and *communicating.*
- *Unified theory.* Undergird programs with well-established, complementary theories for understanding how children and youth acquire and express these characteristics at different ages.
- *Established missions.* Define a unified program mission grounded in theory about fundamental developmental needs of all youngsters.
- *Identified assets.* Conduct individual psychoeducational assessments with reliable, valid procedures to create profiles of each child's current assets in each of the six major areas.

- *Audits of past experience.* Prepare a developmental audit of a child's past experience to more fully understand its impact on the present.
- *Enhanced interventions.* Use highly precise, interrelated practices proven to be effective for positive growth in each of the six areas.
- *Skilled adults.* Maintain proficiencies in human relationships and sustained demonstration of mission standards.
- *Examined outcomes.* Recognize the necessity for ongoing inquiry into the presumed effectiveness of every practice with every student and establish outcome criteria with practical and theoretical validity.

Every program and practice in psychoeducation should be held to these standards. They are not impossible to achieve. To accomplish these standards, an effective program must address the many interconnected dimensions of human behavior simultaneously as well as the social institutions that nurture these characteristics. Youngsters' experiences with these institutions—law, government, recreational opportunities, religious affiliations, child care, and education, as well as peers and family—shape the persons they are and will become. An effective psychoeducational program recognizes that involvement with all of these institutions is central to mission success.

Consider current practices and programs that are moving us into this new paradigm. There appears to be near-universal agreement that programs of psychoeducation involve teaching, learning, emotions, and relationships. Almost all psychoeducational programs include teaching coping skills, independent self-control, responsible behavior (dealing with anger and impulse), and social skills, as well as basic thinking skills for interpersonal and intrapersonal problem solving. There is also recognition of the powerful role of emotions in all we do. New brain research has unveiled the emotional memory bank of stored experiences. Here lies the "repository for all our moments of triumph and failure, hope and fear, indignation and

frustration . . . it uses these stored memories in its role as a sentinel, scanning all incoming information . . . to assess it for threats and opportunities by matching what's happening now to the stored templates of our past experiences" (Goleman, 1999, p. 74).

Most psychoeducation programs also recognize that relationships are the glue that binds intervention strategies to successful outcomes. Adult–child relationships form the views children hold about authority, self-esteem, motivation, values, and behavior. Relationships with adults also shape social roles, problem-solving strategies, and decision making. In early life, sibling relationships are powerful forces, and in elementary school, the maturing child turns increasingly to peers for role models, opinions, behavioral choices, and developing values. By the teen years, the search is on for new identities, new role models, and new strategies for becoming a person. Construction of values, morality, empathy, altruism, and interpersonal perspective taking are more subtle but equally important dimensions that are powerful undercurrents, accumulating from relationships, role models, and experiences throughout childhood and adolescence. The new psychoeducation is obliged to encompass these profoundly subtle dimensions that fuel the overt behaviors of troubled youngsters we deal with daily. While it is not easy, it is essential to do so.

When we know what children's real needs are, then the measure of any intervention is whether it contributes to or interferes with meeting those needs. All youngsters need to belong, so the new psychoeducation must provide genuine experiences in being a valued person. All youngsters need to master skills, so psychoeducational intervention strategies and educational practices must lead to success, not failure or a sense of inadequacy. All youngsters need to develop *independence,* so psychoeducation must teach responsibility as a part of empowerment. All youngsters need to become *caring, altruistic,* and *generous,* so psychoeducation must provide them opportunities to serve and care for others.

The challenge for psychoeducation at the beginning of the third millennium is to create and maintain caring communities, value traditional and universal people skills, cultivate emotional and social

competence, and inspire substantial paradigm shifts by individuals and institutions. In short, the new psychoeducation must sharpen its focus, broaden its grasp of complexities, and then integrate its scope, define its standards, and test its universal applicability across ages, cultures, races, and settings. And most important, psychoeducation must reflect universal beliefs about human wellness—what children and youth need—and be driven by those core values.

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